

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09802093	FILING DATE	03-12-01
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8		1				
9	1		—	—		
10		1				
11	1		—			
12	1	1				
13		1				
14	1					
15		1	—			
16	1		—			
17		1				
18	1					
19		1				
20	1					
21		1				
22		1				
23			1			
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27			1			
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	18	↔	14	↔		
TOTAL CLAIMS	21		17			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS